

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
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Report Adult Abuse: (800) 564-1612

To Report Adult Abuse: (800) 564-1612

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July 7, 2015

Mr. Daniel Daly, Manager The Residence At Shelburne Bay East 185 Pine Haven Shores Road Shelburne, VT 05482-7805

Dear Mr. Daly:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 1, 2015.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

mlaMCHaRN

Licensing Chief



Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION . (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING 1009 06/01/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 185 PINE HAVEN SHORES ROAD THE RESIDENCE AT SHELBURNE BAY EAST SHELBURNE, VT 05482 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CDRRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) R100: Initial Comments: R100 An unannounced on-site survey to investigate a complaint was completed by staff from the VT Division of Lidensing and Protection on 6/1/15. 9.1 There were no regulatory violations found related to the complaint. The following regulatory finding 9.1.a is based on observations of the environment during the survey. R266 IX. PHYSICAL PLANT 1. R266 SS=E Care and kitchen staff in that area 7/15/15 9.1 Environment were reminded the same day of the importance of the door being shut 9.1.a The home must provide and maintain a and locked when unoccupied. We safe, functional, sanitary, homelike and also put a sign on the door that it comfortable environment. needs to be shut and locked when This REQUIREMENT is not met as evidenced staff are not in the area. Based on observations and staff interview, the facility failed to assure a safe environment for all residents in all areas of the Assisted Living Kitchen staff counseled on the Residence Memory Care Unit on 1 of 3 days of importance of the steam table being the survey. This concern had the potential to affect all residents of the memory Care Unit. shut off when not in use the same Findings include day of survey. Per observations on the Memory Care Unit on 6/1/15 commencing at 2 P.M., the following unsafe areas were noted: 1. The door between the resident activity room 2. and the kitchen was left open and there were no staff in the kitchen area to monitor the area for A lock was immediately put on all 7/15/15 safety and assure that no residents entered. The laundry chute doors when this was light to the steam table in the kitchen was on, pointed out. The doors can only be indicating that it was on at the time. The stove and other food prep equipment could have been accessed by a cognitively impaired resident, Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE SSICKATURE

K6T711

Rall Poc accepted 7/1/15 mBolton RN/Pme

STATE FORM

Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: С 06/01/2015 1009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 185 PINE HAVEN SHORES ROAD THE RESIDENCE AT SHELBURNE BAY EAST SHELBURNE, VT 05482 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID. COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R266 R266 Continued From page 1 opened with keys from the care, posing a safety risk. There was another door into maintenance, housekeeping and the kitchen that also was left unlocked at the laundry staff. time. Staff on those units were counseled 2. Per observations of the laundry room on the on the importance of the door unit, the door into the room was unlocked and a lockable door to the laundry chute (going from remaining locked, and keys were 2nd floor to the basement) was left open. The distributed to the staff who are hatch type door was large enough for a resident required to use the door to get to to fall into. In addition, there were cleaning chemicals stored in the unlocked room. Per the laundry chutes. observations on the other 2 floors of the home immediately after this tour, the 3rd floor door to the laundry was also unlocked; the laundry chute Weekly checks to be made by door was left open and unlocked and cleaning chemicals were also stored there. On the 4th maintenance staff to ensure floor, the laundry room door was unlocked and doors/locks are operating properly. cleaning chemicals were seen in the room. The door to the laundry chute was locked in this room, however. The results of these checks will be The above safety risks were also observed by the brought before the Performance Administrator, who accompanied the surveyor on Improvement committee on a the tour. quarterly basis. Care and kitchen staff to be inserviced on the above corrective actions. Executive Director to ensure compliance.

Division of Licensing and Protection STATE FORM

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